

CLAIMS ONLY							Application Number 10519503		Filing Date				
							Applicant(s)						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend			
1	/						51						
2		/					52						
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49		/					99						
50		/					100						
Total Indep	3						Total Indep						
Total Depend	12						Total Depend						
Total Claims	15						Total Claims						